

When reproduction is not a choice: Infertility in sub-Saharan Africa

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Abstract

This paper examines local meanings of infertility as they are shaped by the larger social and cultural context; the impact of the prevalence of infertility on these meanings; and how the above affect community responses, life experiences and infertility treatment-seeking behaviors in two African communities. The interdisciplinary research was conducted among the Ijo and the Yakurr people of southern Nigeria. The methodology included a survey of approximately 100 infertile and a matching sample of 100 fertile women as well as in-depth ethnographic interviews with infertile and fertile women in two communities: Amakiri in Delta State and LoPON in Cross River.

The results show that the amount of stigma attached to female infertility among the Ijo in Amakiri is considerably higher than it is among the Yakurr of LoPON. A childless woman in Ijo society is not only disadvantaged economically but childlessness also prevents her from attaining full adult womanhood. Infertile Ijo women have a marginal status, are often divorced by their husbands and seldom have children to help them economically and socially. They are an in-between status which is not fully adult. The consequence is that they leave the community more often than other members. In LoPON, despite advances toward modernization, there is still a strong preoccupation with fertility as a central fact of life. The traditional theocratic system is itself founded on pronatalist beliefs and reputedly high historical patterns of infertility. Infertile women join a voluntary association of *kekonakona* that acts as a support group and mitigates the feelings of anxiety that ordinarily accompany living with infertility in a pronatalist society.

The overall findings indicate that while there are variations in the extent to which infertility is considered problematic, due to a number of factors, including the level and history of infertility in a particular location, the descent structure and the symbolic meaning attributed to infertility, the necessity for a woman to have a child remains basic in sub-Saharan Africa. Motherhood continues to be a defining factor in an individual's treatment by others in the community, in her self-respect and in her understanding of what it means to be a woman. The achievement of motherhood represents a milestone for women as it confers on them an adult identity and represents normative fulfillment of what is considered to be female destiny.

Introduction

After a long period of neglect, the problem of infertility around the globe and specifically in sub-Saharan Africa has finally gained the attention of demographers and anthropologists. There is an increasing awareness of infertility in Africa as a serious social and public health problem (see for example, Feldman-Savelsberg 1999, Boerma and Mgalla 2001, Inhorn and van Balen 2002) and a growing body of literature that demonstrates the devastating affects of infertility for both men and women, but particularly for women. While the condition has been found to be stigmatizing and difficult across cultures in Africa, this research neglects the variation in the extent to which infertility is considered to be problematic in various cultures and does not document the differences in its meaning and consequences. These differences may be due to a number of factors, including the level and the history of infertility in a particular location, the descent structure and the symbolic meaning attributed to infertility. Given this variability, there is a need to document local levels, trends and socio-demographic patterns of infertility and to understand its meanings and consequences for affected individuals in differing local fertility and infertility regimes.

In the present paper, we investigate the local meanings of infertility as they are shaped by the larger social and cultural context; the impact of the prevalence of infertility on these meanings; and how the above influence community responses, life experiences and infertility treatment-seeking behaviors in two rural communities in southern Nigeria: Amakiri in Delta State, an Ijo, and Lophon in Cross River State, a Yakurr community.¹ The major difference between these localities is that descent in Amakiri is patrilineal, whereas in Lophon it is double unilineal. In addition, high levels of infertility are

¹ The names used for both towns in this paper are pseudonyms.

historically documented in LoPON (Forde 1964, Obono 2001), whereas infertility levels in Amakiri are relatively low (Hollos and Larsen 1992).

The major hypothesis guiding the research is that infertility in LoPON has less serious consequences for women than in Amakiri due to the difference in the descent system and to the symbolic meaning of the infertile condition as it evolved historically.

Background

Research on infertility in sub-Saharan Africa

Our research builds on the foundation laid down by demographers and anthropologists who have shown the importance of the social and economic context in influencing local meanings of fertility and infertility. Much of this literature is situated in the broader anthropological discourse on reproduction (for example, Ginsburg and Rapp 1995). The research on infertility shows that regardless of the medical causes of infertility, in most cultures women suffer personal grief and frustration, social stigma, ostracism, and often serious economic deprivation. They receive the major blame for reproductive mishaps and in many places infertility is a ground for divorce, causing a woman to lose access to livelihood. For example, Feldman-Savelsberg (1999) reports that in Cameroon infertility is a ground for divorce among the Bangangte, causing a woman to lose her access to her husband's land. Infertile women are treated as outcasts and their bodies are buried in the outskirts of the town among the Ekiti Yoruba of Nigeria (Ademola 1982) and among the Aowin of Ghana (Ebin 1982). Among the Ewe and the Ashanti, a man or woman who has no child is not considered fully adult and after death, they will not be buried with the full adult funerary ritual (Fortes 1978). In the Sudan

(Boddy 1989) as well as in Egypt (Inhorn 1994), children are a source of power for women vis-à-vis men and infertility is threatening to their power and social order. Similarly, fertility has been shown to be important in the progression of women through life stages and thus in the creation of their identity as mature persons. A childless woman among the Tswana in Botswana (Suggs 1993), for example, cannot attain full adult womanhood, which is predicated on having given birth.

Local perceptions of the causes of infertility are also documented in a number of works showing that women are considered to be the main culprits. Witchcraft and spirit possession are considered to be primary causes of infertility by several African populations, documented in various parts of the continent by Schapera (1940), Griffith (1997), Gerrits (1997), Ebin (1982) and Kielman (1998). In Nigeria (Okonofua et al. 1997), there is a widespread belief in supernatural causes of infertility “bordering on uniformity.” Additional locally imputed causes of infertility include sexual promiscuity by women (Kielman 1998), nonobservance of prescribed behavior (Ebin 1982), blood incompatibility (Gerrits 1997, Okonofua et al. 1997, Roth 2001), waywardness during youth (Okonofua et al. 1997), abortion (Okonofua et al. 1997) and improper treatment of the umbilical cord after delivery (Gerrits 1997). In Tanzania, Roth (2001) and Gijssels, Mgalla and Wambura (2001) found that infertility was explained by reference to *mchango*, a Swahili term, meaning “snake” or “worm,” a number of which reside in the woman’s body and which have to be kept in balance.

Previous research on the factors associated with infertility by demographers shows an association between infertility and a number of socio-economic and behavioral factors (Larsen 1989, 1995, 2003; Ruthstein and Shah 2004). The research shows that

Muslims tend to have higher infertility than Christians in Tanzania, while there is no association between religion and infertility in Kenya, and in Nigeria and Cameroon the association varies by region of residence. The level of schooling did not matter significantly in Nigeria, Cameroon, Kenya and the Sudan in the 1970s. In Nigeria, women with secondary and higher education had higher risk of infertility in the 1980s, and in Tanzania women with primary education had higher risks of secondary infertility in the 1990s. Women married more than once had consistently higher infertility compared to women married only once. In the 1980s women in polygamous unions had higher infertility than monogamously married women in Cameroon, while the opposite pattern held in Nigeria.

The situation in Nigeria

In relation to the rest of Africa, Nigeria is located just outside of the central African infertility belt but recent evidence suggests that the country has high rates of infertility (Larsen 1995, Okonofua et al. 1997). According to the 1990 Nigeria DHS, about 4 percent of women over age 30 have never borne a child. By contrast, a survey of women of reproductive age in Ile-Ife (Nigeria) revealed that up to 20 per cent of women suffer from secondary infertility (Snow et al. 1995). Other community-based data suggest that up to 30 percent of couples in some parts of Nigeria have difficulties in achieving a desired conception after two years of marriage without the use of contraceptives (Adetoro and Ebomoyi 1991). Udjo (1987) reported that Nigerian infertility was highest among the Kanuri in the Bornu region west of Lake Chad in Northeast Nigeria, although the empirical substance of that assertion is somewhat tenuous. More recent evidence in the

south indicates that infertility was so persistent among the Yakurr that it gave rise to both pronatalism and a theocratic regime to support it (Obono 2001).

The variability of these rates within the same country suggests that the meaning of infertility may also be locally specific. It indicates a need to investigate the meanings and consequences of infertility for individuals living under differing fertility and infertility regimes.

Research settings and Methodology

Setting

The research was conducted in two communities in southern Nigeria, in Amakiri, an Ijo community in Delta State and in Lopon, a Yakurr community in Cross River.

Amakiri

Amakiri is located on the western bank of the Forcados branch of the River Niger in the Niger Delta, Delta State. Its population is approximately 7,000; its seven villages or quarters form the central core of Kabowei clan. These quarters are patrilineal descent groups which are segments of the clan to which all of the Amakiri Ijo, as well as those from the surrounding villages, belong. The town is predominantly occupied by the Ijo. Although there are sizable numbers of Isoko and Urhobo permanent residents, it is considered to be “owned” by Ijos. The town is an important regional marketing center and transportation junction. It is the seat of the local government council, of an Anglican diocese, the locus of a hospital and dispensary. It also has two primary schools and a secondary school for boys and girls. Its cosmopolitan features notwithstanding, in many

respects Amakiri is a traditional community where social relations are based on kinship ties and where the economic base is still primarily horticulture and fishing.

The residents of Amakiri live patrilocally, that is, with or around the husband's male relatives. A usual household contains a man, his wife or wives and their unmarried children. Inheritance is patrilineal for all immovable property, including building plots within the quarters, rights to farmland and fishing sites. Other rights inherited patrilineally include membership in the family council, the right to serve the paternal ancestors and the responsibility to marry widows. Another manner of inheriting is through the mother. Children of the same mother share a common economic interest and constitute a sub-group among the patrilineally related siblings. During a mother's lifetime this often manifests itself in increased financial assistance among full siblings and after her death in the sharing of her accumulated wealth or private property.

Marriage is frequently polygynous. There is no limit set on the number of wives a man may marry, nor is there a simple correlation between a man's wealth and the number of his wives. Since it is the women who do the farming and provide for the everyday needs of the children, and since the amount of bride price is low, acquiring additional wives is not considered a difficult or expensive proposition. On the contrary, since children represent an additional source of labor, it is believed that having many wives and therefore many children is one way to achieve economic success. Divorce is relatively easy and frequent. The most frequent reason for divorce is infertility or low fertility and either wife or husband may initiate it.

The economic base of Amakiri is horticulture, with a number of secondary occupations. The women who marry into the landowning patrilineages do the farming. As

of this generation, there is no land shortage and each woman can generally acquire as much land as she can or wants to cultivate. Of the crops a woman grows, she uses a large proportion for her household and sells the rest. Fishing is the other primary economic activity, and women also do it almost exclusively. Most of them, as a matter of course, are involved in marketing and trading. The few women who are not engaged in the primary occupations work as seamstresses, shopkeepers or schoolteachers. The men take up the majority of the secondary and tertiary occupations. These may be divided into two categories: the traditional labor-intensive 'informal' sector (shoemakers, barbers, tailors, shopkeepers) and the more newly emerged 'formal' sector (primarily consisting of salaried occupations, such as clerks, gravel diggers and block molders). Because of the relatively low cash intakes by the men for its daily needs, the household is, to a large extent, dependent on the primary activities of the women. The labor contribution of children of all ages is considerable.

Lopon

The area occupied by the Yakurr people lies in the geographical centre of Cross River State, about 140 kilometers northwest of Calabar. The Yakurr are related by strong linguistic, affinal and other historical ties established by a tradition of common origin and reinforced by frequent intermarriages. Lopon is the headquarters of the Yakurr Local Government Area (LGA) with a population of about 120,000. The town is a sprawling semi-urban settlement that is composed of five semi-autonomous divisions, which are the residential territories of patrilineal groups. Political organization within these areas follows patrilineal principles but, within the town as a whole, political authority resides

with priests of fertility spirits representing 23 independent matrilineal clans. At the head of this theocratic council is the *Obol Lupon* who, as *primus inter pares*, has jurisdiction over the entire town.

Like other Yakurr, residents of Lupon are a double unilineal people. They reckon descent through the matrilineal line for some purposes (e.g. ritual observance, marriage payments and the inheritance of transferable wealth) and patrilineally for others (e.g. the use of land and houses and the provision of cooperative labor). As a general rule, full siblings belong to the same patrilineage and matrilineal but, owing to the rules of exogamy, fathers belong to the same patrilineage but different matrilineage as their children, while mothers and their children belong to the same matrilineage but different patrilineages.

Marriage in Lupon is both monogamous and polygynous. Polygyny was historically linked to patterns of mate selection and the desire to produce numerous children. Children are the primary reason for marriage and are seen as sources of future wealth and economic security and, inherently, as wealth themselves. High bridewealth is promoting the frequency of consensual unions, especially at younger ages. With the rapid increase in population growth, virilocal residence is becoming more frequent as newlyweds develop patrilineal land holdings for residential purposes in areas on the outskirts of the town. This reverses the former tendency for couples to live among already established patrilocal residential quarters, preceding their patrikin in these settlements, where they may be joined later by others.

A typical Yakurr household consists of an average of 5 persons, which includes a man, his wife (or wives) and their unmarried children. Inheritance among the double

unilineal Yakurr is patrilineal for non-movable property and, at least in principle, matrilineal for others (that is from a man to his sister's son).

Lopon emerged as an important bulk-breaking point in the trade in perishable cash crops like tomatoes and onions between northern and southern Nigeria. Locally, its location along the Calabar-Ikom trade route and the Ediba axis attracts a steady flow of migrants into the area but the culture of the town remains predominantly Yakurr. Its status as LGA headquarters creates avenues for employment for locals as well as for people from other Yakurr settlements. Agriculture remains the main economic activity of its inhabitants and access to land is still determined by rules of kinship. Farming is performed on the basis of a sexual division of labor in which men are responsible for bush clearing and burning, while women do the planting, weeding and harvesting the crops. While there is a growing significance of trading and the civil service as economic occupation, most of the trading is done by women.

Methods

The material presented in this paper is based on extensive ethnographic and demographic research in the two communities, spanning 15 years in Lopon (Obono) and 25 years in Amakiri (Hollos). In addition, between 2005 and 2007, focusing specifically on the problem of infertility we applied a combination of qualitative and quantitative methods. We conducted an enumeration of all households in all seven quarters of Amakiri and of selected clusters of Ikpakapit division of Lopon during the summer of 2005 and 2006, respectively. Ikpakapit is comprised on 14 clusters of residential units and 7 of these were randomly selected for enumeration. The enumeration consisted of a

listing of all households, within which we listed all adult household members, including the household head, his co-resident brother(s), if any, and their current wives as well as the wives' fertility history, in order to identify infertile women. For the purpose of this study we considered a household to consist of those individuals who regularly sleep in the same compound structure. In Amakiri, a total of 966 households were registered, in Lupon 812. This enumeration was conducted to serve as a sampling frame for the surveys, having identified the infertile women. In order to have a sufficient number of cases, we decided to include women in two age groups, 20 to 49 and 49 and above. These groups then were further broken down into 5 year age groups. This sample of infertile women was matched by age and residence by ward with fertile women (women who have had a child within the last two years). We chose a nested case-control design to reduce the required sample size needed for the surveys.

An in-depth comprehensive set of interviews with a sub-sample of approximately 25 infertile and 25 fertile women were gathered in each community in the summer of 2005 and 2006. These interviews were conducted as life-histories to obtain a better understanding of the consequences of infertility for the affected women's general well being, their everyday life, their coping strategies and their attempts to seek remedies for the problem. In order to capture the differences in the experience of infertile women over time, the women selected for the life history interviews ranged in age to cover the entire life span and included women between their 30s and 80s. The sample for the qualitative interviews was selected on the basis of the women's status at survey interview date as infertile or fertile. Infertility was measured by primary and secondary infertility. A woman was considered infertile if she did not have a child within a period of 24 months,

she engaged in regular unprotected sexual intercourse, was not postpartum amenorrheic and she wanted to have a child. Of these, childlessness or primary infertility pertains to women who have never had a child and secondary infertility to parous women. A woman was considered fertile if she had a child within the last 24 months from interview date or she had been married for less than 24 months. In Amakiri, the women selected were residents of Ekise quarters, the site of previous ethnographic research. In Lophon, the women came from Ebgizum and Letekom sections of Ikpakapit. The fertile women were selected to match the infertile women by ward of residence and age.

The survey instrument was constructed on the basis of the information gained in the in-depth life history interviews and administered in 2007. In the surveys, the women were asked about their age, parity and how long they have been trying to have a child, what treatment they sought when they experienced problems. They were also asked about their perceptions regarding the following: prevention of involuntary infertility, the main causes of involuntary infertility, available treatment options and their effectiveness and their coping strategies. Furthermore, we collected a complete marriage history and a labor migration history. Information about contraceptive use, the value of children and socioeconomic characteristics was also collected. We also asked questions about circumcision, including the age at which the cutting was performed. The women were asked about disadvantages of infertility in the community, including inability to participate in certain activities, lack of advancement in age-appropriate life stages, as well as of possible alternative activities, including voluntary associations.

Findings

Qualitative findings: Ethnographic data and in-depth interviews

The interviews were conducted as life-history interviews. The narrative form of life histories provided a framework that made it possible for the informants to discuss intimate problems and enabled us to retrieve information they possessed but may not have been able to articulate explicitly. These interviews illustrate how community views on infertility affect the lives of infertile women, how they shape their evaluations of self-worth and the strategies they adopt to remedy the situation. The extensive ethnographic work that preceded these interviews served as a background to interpret and complete the information. Entries from field notes and from the transcripts of the interviews were analyzed with the help of grounded theory (Glazer and Strauss 1967, Strauss and Corbin 1991). The texts were scrutinized for categories which were linked in the search for potential themes. The following are the areas that emerged as particularly salient in the lives of these women, clearly showing the differences between the two community contexts.

Life stages

The Ijo recognize a number of named stages in the life cycle. These are not well defined age-grades in the sense conceived of in many other African cultures, where cohorts have specific functions. Rather, the Ijo label individuals as being capable of performing certain tasks appropriate for them and allow members access to certain behaviors assigned to the stage. While universal schooling introduced new age labels, dependent on the grade in school, the traditional life stages still form an important part of the ideology and age-appropriate behavior is still judged by their criteria.

For women, to attain the adult stage, known as *erera*, a number of steps had to be taken. Entry into the previous stage of *ereso*, around 14 years of age, coincided with first menstruation and defined the young woman as “nubile,” or ready for marriage.

The movement from *ereso* to *erera* was traditionally dependent on pregnancy, circumcision and the performance of a special dance during the town’s annual spring festival, the *seigbein* and some of this sequence is still kept. Circumcision is done in the seventh month of pregnancy. The husband (or, if not yet married, the boyfriend) is responsible for paying a fee to the midwife, for buying a number of specified presents for his wife (or girlfriend), and for sponsoring a small celebration in her parents’ home. If she has previously moved away, she now returned for the operation and for the delivery her first child. In recent times, the payments made during the marriage preliminaries are being replaced by the circumcision fees and gifts to the girl by the father of her child. Furthermore, more and more girls prefer to have their circumcision done prior to becoming pregnant and either pay for the operation themselves or ask their fathers to pay for it. Circumcision without pregnancy, however, does not satisfy the criteria for entering into the stage of *erera*. Earlier, the process was completed by the performance of the *seigbein*, which had to be performed by every woman before she died, whether she has had a child or not. If she died without doing so, her daughter would dance in her place or the community’s well-being was believed to be endangered. For an infertile woman this presented a serious problem since her husband would not sponsor her during her life, nor did she have a daughter who could perform the rite after her death. Recently, there has been a growing tendency toward delaying the *seigbein* because of the expenses associated with it. These are borne by the husband and include a number of special cloths the

woman has to wear during the several days of the festival, coral beads, cowry shells, as well as drinks to her kinsmen and gifts to her. Consequently, virtually no young woman performs it after the birth of her first child and an increasing number simply refuse to do it since it is considered to be “un-Christian” by the revivalist churches which have mushroomed in the community during the last decade. Nevertheless, with or without the performance of the *seigbein*, circumcision and pregnancy are prerequisites for entry into *erera*, the stage of mature womanhood.

In Lupon, life stages exist but are not as discrete as they occur among the Ijo. Membership is defined by age (for example, ages 1-12) although unexpectedly childish behavior by an adult member of society could attract his or her temporary (pejorative) description as a child (*wen-wen*). Gender terminological distinctions do not appear until adolescence. Adolescent girls are referred to as *ben-mono* (in singular form, *wen-mono*), while male adolescents are *ben-dom*. Corresponding gender distinctions are then maintained throughout the life course. Men and women are segregated as the norms defining social conduct and propriety crystallize. Among Lupon women, *sanen*, or adult woman status, is achieved more commonly through marriage, although an unmarried woman is still viewed as such if she is old enough to be considered so. Crucially, though, a married female teenager has her status upgraded from *wen-mono* to *sanen* by fact of her marriage or childbirth even if this occurred outside of marriage. It is said of the latter girl that “she has grown old”. In this sense, childbearing outside marriage attracts subtle condemnation whereas entry into *sanen* through marriage is a form of promotion.

A childless married woman is still considered *sanen* but may be described derogatory as *odom* (a man) in reference to her inability to bear children. In other words,

nominal womanhood appears to be achieved by age or marriage, but full *sanen* status by a combination of marriage and childbirth. While it is clear that a married or adult woman may not be referred to as *wen-mono*, the conditions of marriage and childbirth are required for full adult female status to be achieved.

Marriage process

In Amakiri, marriage is a long and elaborate process and involves several steps over a period of time. It begins with libations presented by the groom's male relatives to the bride's family and continues with a number of cash payments and gifts to the bride and her mother. Traditionally, these payments and gifts were substantial and included items such as a canoe and a yam barn for the mother-in-law and help to the father-in-law with building a new house. More recently, the bridewealth has been set a fifty naira, the major part of which is paid to the father of the bride. Smaller amounts are given to her mother and to the bride as consent fees. The significant expenses associated with marriage payments come at the time of first childbirth when the child's father is required to present the mother with a number of specified gifts, and with the wife's performance of the *seigbein*, which is dependent on having given birth at least to one child. Childless women whose husbands did not have to make the birth payments and refused to pay for the dance are not only unable to attain full adulthood but are also not considered to be properly married. This reflects poorly not only on the woman but on her family as well.

In Lupon, marriage is a similarly complex process which occurs between members of exogamous matrilineages. Traditionally, courtship could last up to two years, and bridewealth was divided into six components, each of which had to be paid before

sexual relations could take place. The bride relocated to the groom's household only upon getting pregnant, and the marriage ceremony was performed during pregnancy. After circumcision and pregnancy, a woman's transition from childhood to adulthood was celebrated; she was incorporated into her husband's lineage gradually, and only completely left her parents' household well after the birth of her first child (Forde 1950).¹ Women who were unable to conceive children with their husbands were seen as anomalous, and many of our childless informants reported that husbands and in-laws insulted them as "men" once it became clear that they could not bear children. The community, however, reserved a particular ritual to help infertile women conceive and thus achieve full married status. While all new brides had to undergo a form of circumcision, a special form of circumcision known as *kekpolpam* was reserved for women who did not become pregnant, and included "special prayers and sacrifices... offered to chase away the wife's presumed infecundity" (Obono 2000:163). This practice is evidence of a more supportive social environment for infertile women in Lupon than apparently exists in Amakiri.

Polygamy

Polygamous marriages were frequent in Amakiri in previous generations and a number of households still exhibit this pattern. The number of wives in the polygynous unions range from two to six, with two wives being by far the most usual number. Having plural wives does not represent a particularly heavy expense for men, given that bridewealth payments are relatively low. Moreover, since it is the women who do most of

¹ It is important to point out that behavior with respect to courtship and marriage has been changing in recent years; women today are less likely to be associated with many customary institutions including circumcision, not least because they perceive them as incompatible with Christianity.

farming as well as trading and provide for the needs of their own children, acquiring additional wives is not considered a difficult or expensive proposition. On the contrary, it is believed that having many wives, and therefore many children, is one way for a man to achieve both social and economic success. Co-wives in polygamous unions compete against one another in producing children, particularly sons, who represent shares in the family estate. An infertile woman in this context finds herself at a serious disadvantage not only with her husband but also vis-à-vis her co-wives who frequently taunt and disrespect her and often make her life very unpleasant. Thus, infertile women most frequently leave these unions and either migrate out of the community or return to their natal compounds. If a woman is the first wife and finds herself infertile—which eventually results in the husband taking a second wife—she will invariably leave the marriage. This may account to some extent for a diminishing number of marriages being polygamous in the current generation and for the fact that none of our childless women in the interview sample were at the time of the interview married polygamously.

In Lopon, anthropologists have long observed a high incidence of polygyny (cf. Forde 1950, 1951), and there has been no formal limit on the number of wives a Yakurr man may take. Most of the women we interviewed in Lopon grew up in polygynous households. In the past, a lengthy period of post-partum breastfeeding during which sexual intercourse was taboo encouraged some men to marry again after their first wife had given birth. Other incentives to take additional wives, such as the need for farming labor and the desire to expand one's prestige within the lineage through increased fertility, have recently been offset in recent years by the rising cost associated with larger households, but polygamy remains common especially for older, established males.

While it is not difficult for Yakurr wives to leave their husbands, a wife who proves to be infertile may remain married to her husband even after he takes another wife. We interviewed a number of older infertile women in Lopon who continued to live with their first husbands after the latter had remarried, possibly because these women are not ostracized by their in-laws or co-wives.

Divorce

In the patrilineal society of Amakiri, where the major purpose of marriage is the replenishment of the lineage, divorce is among the most prominent consequences of infertility. If a woman does not give birth or does not have enough children, divorce will inevitably follow even if her husband “loves” her. All the women in the interview sample were married at least twice. Divorce was either initiated by the man or the woman, but most frequently by the woman for two reasons: one, because she found her marginalized position in the household unacceptable and two, because she hoped that she may get pregnant by a new partner. Thus, the life course of an infertile woman is characterized by multiple marriages or by multiple partners and often risky sexual behaviors.

Divorce is similarly frequent in Lopon, and has been at least since the first half of the twentieth century: in 1939, Forde (1951) found a high rate of divorce there, with more than one-third of married women having been divorced from a previous husband. Both husbands and wives could initiate divorce. As noted above, neither infertility nor her husband’s taking another wife automatically results in a woman’s divorce. It remains true, however, that infertile women are more likely than fertile women in Lopon to be divorced from their first husbands, and in these cases divorce usually occurs at the

husband's request. Divorced women tend to return to their paternal households until such time as they remarry.

Associations

In Amakiri, there are a number of women's associations, on the town, on the quarter and on the family level. The widest of these, the Amakiri Women's Wing, has members in two age divisions, the *erera* and the *okosiotu*. The *okosiotu* are women over the age of 70; they serve as the spiritual leaders whereas the *erera* do the work. These associations are open to all women in Amakiri who are either daughters or wives of Amakiri men. Additional criteria for becoming a member as an *erera* include being married and having a child, although in recent times women who are "well established" have been invited to join, the argument being that success in business proves that they are mature even though they are childless. The association has a number of purposes, including organizing a harvest festival during September/October, sponsoring the *seigbein*, or the town cleansing festival in April, dancing at burials and occasionally mediating disputes between local women. They do not have any support functions regarding infertile women, whom they ignore for the most part.

The Quarter associations are specific to each quarter and their purpose is to assist at specific occasions in their locale. In Ekise, a fairly large quarter, three of these associations function in the different sections of the quarter. These groups are also divided into the *erera* and the *okosiotu*. The latter in their capacity as elders organize the work and select the regional work leaders. Most interviewees agreed that to join the Quarter association, a woman must be married and have had at least one child. However,

if a woman is over 35 years old, single and successful in business, she is also eligible.

The functions of these associations include cooking for burials and cooking and dancing at marriage ceremonies in their quarter. They have no support role for infertile women.

The family meetings are held for all members of the extended family with a depth of several generations. Sons and daughters of the family can attend whether they live in Amakiri or elsewhere. Members currently pay 1000 Naira to stay in good standing. The issues the meetings handle include land disputes with neighbors, the granting of building sites in the common family land and the burial of members. While the local infertile women are eligible to attend, they rarely do so and claim that they are not regarded as equal members. Rather, they are a burden on the family which will have to pay for their burials.

Formal associations are an extremely important part of the social landscape for Lupon women today. In the past, these were composed of customary groups such as age grades and initiatory societies with highly ritualized functions, but most contemporary associations are of a voluntary nature. They include rotating savings associations, co-ops and church-based groups as well as “cultural associations” such as dance troupes which perform for ceremonial occasions. Some groups are open only to women of a certain age, while others are open to women of all ages. Many associations combine multiple functions, e.g. a dance troupe often also serves as a rotating credit association for its members. One customary association of particular note is the *kekonakona* society, which groups infertile women from specific matrilineal clans and which has played an active role in community festivals and other rituals. While the explicit mission of *kekonakona* is to help its members conceive through supernatural means, it also acts as a support group for

infertile women and provides them an avenue for participation in community life. They have benefited from a highly visible presence at town rituals and festivals, including the annual *leboku* (first fruits) festival during which members receive a blessing from the town's paramount chief. Today the *kekonakona* has all but died out: its two surviving members are both very elderly, while younger women we interviewed saw the group as at best a quaint reminder of bygone tradition, and at worst as an abomination against their Christian faith. Its existence, however, symbolizes the fact that infertility is publicly acknowledged as a condition that needs support and help.

Other groups also enable childless women in Lupon to take part in the life of the town, and perhaps because of these groups informants generally believed that even a woman with no children could be “an important member of the community.” While there are some mothers' associations in Lupon for which fertility determines eligibility, other groups including cultural, church, and credit associations do not bar childless or infertile women from their ranks. One elderly infertile woman we interviewed, for example, was very active as a singer with a women's cultural association, and described this activity as her only source of joy since she had no children.

Migration

In Amakiri, a frequent consequence of divorce is out-migration from the community, usually in search of a cure or because the woman finds her position in the confines of a relatively small place to be unbearable. Because of this tendency to migrate, it is likely that most of the younger infertile women are absent from the community, and it is from the stories of the older infertile women who have returned towards the end of

their lives that these life paths are revealed. It appears that much of the lives of infertile women is taken up by migration from one place to another, from smaller towns to increasingly larger ones. Most of the Amakiri women migrate as petty traders and eke out a marginal living. Some of them, however, became successful regional traders and managed to amass considerable wealth. Often much of this wealth, however, is spent on expenses associated with trying to find a cure for their condition and thus when they return to the community, they are usually penniless.

By contrast, women in Loapon are considerably less likely to leave their home town even in the event of childlessness and divorce. While women may go elsewhere for schooling or to accompany their husbands (particularly when the latter are in the army or national police force), none of the women we interviewed described having left Loapon on their own, whether for trade, medical treatment, or any other reason. After divorce, infertile women usually lived in their fathers' household, even if their fathers had passed away, and waited for an opportunity to marry again.

Old age and death

Eventually, most migrant women from Amakiri return to the home community in their old age. For the infertile women, where to live in their later years was among their major concerns. Not having a son means not having a rightful place as an older person in this society. A wife has no rights to residence in her husband's place after his death except through her son. Although, presumably, daughters of a family are welcomed back to their paternal compound where they have a right to be, in practice this is usually a difficult situation for the women. There they live in a marginal situation, often only

tolerated and sometimes maltreated by their brothers and brothers' wives. In several cases, there is a striking discrepancy between the economic level of the infertile woman and the rest of her extended family members. The women also feel that they have no respect from their wider kin and that nobody would stand and care for them.

The problem also extends to their burial after death which usually takes place in their paternal compound and which, in the case of individuals with many children, are elaborate feasts. In earlier days, infertile women could not be buried in the town land, since there was a belief that this would harm the fertility of the land, and they were consequently disposed of in the forest. This is no longer the case, however; the burial of infertile women still presents a problem since the expenses for this are usually borne by the women's sons. Their funeral expenses are consequently paid for by their paternal kin, resulting in very small scale and quiet burial rites.

Elderly women in Lopon are also reliant on support from kin, particularly their children. Childless women are therefore in an especially precarious position. While informants almost universally stated that divorced, childless women return to their fathers' households to live, many also emphasized that such women may seek assistance from maternal relatives, i.e. members of their matrilineage. In this way the Yakurr double-unilineal system affords multiple options to vulnerable women. Moreover, unlike in Amakiri, there are and have been no restrictions in Lopon on where a childless or infertile woman may be buried.

Searching for remedy

It appears from the life histories of infertile women in Amakiri that much of their lives are geared towards the objective of having children. Women with primary and secondary infertility lead complicated lives in which their inability to have (enough) children forces them to switch directions many times. In addition to divorce, remarriage and migration, these women incessantly search for remedies for their condition. Most of them begin locally, with a massage therapist who promises conception by massaging the uterus. Many of these therapists also prescribe herbal remedies. Other herbalists do this without the massage therapy. The older women (those in their 80s and 90s) have been sacrificing to a deity called *Benekurukuru* who is supposed to be the patron of infertile women. The shrine of this deity is across the Niger which makes it difficult to seek him out frequently. When the local attempts fail, the majority of the women look for medical practitioners, starting at the local hospital, then moving to health centers in the neighboring town of Ughelli and eventually to Warri and even Benin and Lagos. The wealthier women have subjected themselves to D & C's and tubal X-rays. The less affluent have been taking medications that promote ovulation. As all of these are costly remedies, much of the resources that infertile women manage to accumulate through trading or other work are spent on them.

Many of the women also consider the newly popular revivalist churches to be a source of help. The pastors of these churches seem to be more sympathetic to the plight of the infertile women than those of the traditional Anglican and Catholic churches. A number of the interviewees said that they joined one of these churches because the pastors convinced them that their prayers will be instrumental in making them pregnant.

Infertile women in Lupon also resorted to local healers as well as to modern biomedicine in their efforts to conceive children. Each matriclan has a shrine and an associated priest, and in the past women having trouble conceiving made sacrifices at their matriclan shrine and sought the intervention of their matriclan priests (see Obono 2001). Today, however, very few informants report consulting matriclan priests, with most instead preferring biomedical treatment, local healers and herbalists, or some combination of these. In interviews, women often expressed frustration with conflicting medical diagnoses and with treatments that were expensive but ineffective. Many of these women placed their hopes in the power of prayer, and voiced the opinion that fertility is a matter only for God to decide—one that is completely beyond human control. All the women we interviewed said they attended worship at Christian churches, and most felt that their religious beliefs were incompatible with traditional institutions such as the *kekonakona* society or the practice of female circumcision. In this community, the Catholic church remains by far the most popular for infertile and fertile women alike, but revivalist churches have been growing in recent years and their leaders have staked out especially hostile positions toward certain Yakurr customs. These churches instill the notion that only through Christian spiritual development—“seeking the face of God,” as many informants put it—can a woman’s problems be solved. So that today, a Lupon woman is most likely to seek out biomedical professionals for help with fertility problems. While these women may pursue various options, their search does not appear to be desperate and they certainly do not spend their last naira searching for a remedy.

Survey findings

Levels of infertility in the survey data were estimated from questions about ‘how long a woman has tried to have a child’ and date of last birth in the household enumeration, or time since marriage for childless women, as well as questions as to whether the women ever experienced difficulty in conceiving children.

Rates of infertility could not be calculated on the basis of the household enumeration: the rates were vastly inflated in many cases by fertile women registering as infertile, once the interest in infertility on the part of the research team became public and women thought that infertile status would result in financial advantage. Historically, as documented by Forde (1951) and Obono (2000), infertility rates were relatively high in Lopon, compared to those in Amakiri (Hollo and Larsen 1992). Since the household enumeration conducted in the previous year turned out to be unreliable, it could not be used as a sampling frame.

The final sample for the surveys was selected by snowball sampling. We are fairly confident that in Amakiri, the sample of 107 women represents the universe of infertile women. In Lopon, the sample of 120 almost certainly represents an incomplete selection of infertile women in the two selected clusters of Ikpakapit. The fertile sample was selected by matching the infertile sample by residence and by five-year age groups. Table 1 displays various characteristics of the sample for both communities, including age distribution, education and current occupation. Of the total of 107 infertile women surveyed in Amakiri, 27 were primary infertile and 80 secondary. The sample in Lopon included 58 primary infertile and 62 secondary infertile of a total of 120 infertile women surveyed (see Table 1, Panel B).

[TABLE 1 ABOUT HERE]

In order to examine the differences in the life experiences of infertile and fertile women in the two communities, we performed a number of cross-tabulations which we then tested for significance. As described below, the data highlight a number of differences between the lives of fertile and infertile women, and also reveal important distinctions between the two communities.

Marriage, divorce, polygyny, and child fostering

Infertile women in Amakiri are more likely than women in all other categories to have been married at least twice (see Table 1, Panel E). 45 percent of infertile women in Amakiri reported having been married two or more times, compared to 35 percent of infertile Lophon women, 20 percent of fertile Amakiri women, and just 11 percent of Lophon fertile women. Marriages of infertile Amakiri women are also much more likely to end in separation than those of women in any other category: 33 percent of infertile Amakiri women had separated from their first husbands, compared to 17 percent of infertile Lophon women, 16 percent of fertile Amakiri women, and 3 percent of fertile Lophon women.

In Lophon and Amakiri alike, having an infertile wife makes a man significantly more likely to take a second wife (see Table 1, Panel F). This trend is especially pronounced in Lophon, where 48 percent of infertile women reported that their husbands had taken another wife subsequent to their own marriage (compared to 13 percent of fertile Lophon women). In Amakiri, the difference is not as great, in part because levels of polygyny appear to be relatively high even for the husbands of fertile women. 42 percent

of infertile Amakiri women reported that their husbands had later taken another wife, as against 31 percent of fertile Amakiri women.

While it may seem predictable that infertile women in each community would be much more likely than fertile women to take in foster children, we observed only a slight difference between fertile and infertile women in this regard (see Table 1, Panel G).

Amakiri women were somewhat more likely to foster in children than Lopon women, however.

Lineage system

Our survey instrument included a number of questions intended to uncover differences between the two communities in the ways women related to their kinship groups. Differences were greatest when comparing the infertile women of both towns. Responding to the question “Whom do you feel closest to in your family?” (see Table 2, Panel A), Lopon infertile women reported feeling closest to mother (29 percent) and sister (21 percent), while Amakiri infertile women reported feeling closest to mother (23 percent) and brother (21 percent). Responding to the question “If you had economic problems, whom would you approach for help?” (see Table 2, Panel B), infertile Lopon women chose their sister with about the same frequency (17 percent) as their brother (18 percent). Infertile Amakiri women, however, were twice as likely to choose their brother (22 percent) as their sister (11 percent). Given the question “Who in your family would be most likely to ask you for help?” (see Table 2, Panel C), the most common choice for infertile Lopon women was sister (26 percent), while infertile Amakiri women were most likely to choose their mother (20 percent). With respect to the question “Who will take

care of your burial?” (see Table 2, Panel D), a clear preference for maternal kin emerges among Lopon women with primary infertility (32 percent). Amakiri women with primary infertility, on the other hand, overwhelmingly responded that paternal kin would take care of their burial (62 percent).

We also asked women having taken in foster children who the parents of those children were (see Table 2, Panel E). Lopon women were more than twice as likely to take in sisters’ children as brothers’ children (34 percent compared to 16 percent), while Amakiri women took in brothers’ and sisters’ children with roughly equal frequency (22 and 23 percent). We also observe that maternal kin are slightly more likely to be the birth parents in Lopon (10 percent) than in Amakiri (7 percent), but paternal kin are slightly more likely to be the birth parents in Amakiri (7 percent) than Lopon (4 percent).

[TABLE 2 ABOUT HERE]

Seeking remedy

Treatment-seeking behaviors differed noticeably between the two communities. In Amakiri, women with secondary infertility are more likely to seek treatment than their counterparts in Lopon (see Table 3, Panel A). 47 percent of Amakiri women with secondary infertility reported having sought treatment, whether on their own (28 percent) or together with their husbands or partners (19 percent). By comparison, just 26 percent of Lopon women with secondary infertility had sought treatment, including 14 percent on their own and 8 percent with husbands or partners. Treatment-seeking behaviors were more similar for women with primary infertility in both communities.

When we sort respondents into age groups, we find that Amakiri women in two of the three age groups are also more likely than their Lopon counterparts to have sought treatment (see Table 3, Panel B). 32 percent of infertile Amakiri women aged 25 to 34 had sought treatment, compared to 22 percent of infertile Lopon women. For infertile women aged 50 and above, the community effect is especially striking: 26 percent in Amakiri had sought treatment, but only 4 percent in Lopon.

[TABLE 3 ABOUT HERE]

Discussion

The major hypothesis guiding this research was that infertility, while clearly a problem, would have less serious consequences for women in Lopon than in Amakiri, due to differences in the lineage structure and in the infertility rates, leading historically different treatment of the condition in the two communities. This hypothesis was confirmed by both qualitative and survey findings.

Although unfortunately we could not reconfirm the current rates of infertility for either community, previous findings show (Forde 1964, Obono 2004) that infertility in Lopon was consistently high when compared to Amakiri (Holloos and Larsen 1992). We found no evidence that would contradict this finding.

The differential effects of the lineage system and of the two communities' attitudes towards infertility are seen both in the interview data and in the survey findings. As far as the ethnographic findings and the interview data are concerned, we found the following areas that emerged as being significantly different in the lives of the infertile women in the two communities.

Succession to an adult life stage for Amakiri women is contingent on having given birth to a child. Although the traditional “coming out dance”, the *seigbein* is no longer performed by all the women, nor are all women being circumcised during pregnancy, pregnancy is a prerequisite to the entry into *erera*, the stage of mature womanhood. In LoPON movement into adulthood is not dependent solely on child birth.

Marriage in both communities is a complex process and involves payments of bridewealth at various times. In Amakiri the largest of these payments occurs after childbirth at which point the child’s father is required to present the mother with a number of specific gifts and to sponsor her performance at the *seigbein*. These two acts complete the marriage process which remains incomplete for infertile women. In LoPON pregnancy and circumcision similarly preceded the final marriage ceremony. Here, however, a special form of circumcision was held for women who did not become pregnant, accompanied by special prayers and sacrifices by the matriclan priests.

Amakiri men are as likely to take another wife as LoPON men if their wives prove to be infertile. The infertile women in Amakiri, however, invariably leave these polygynous marriages since they find themselves to be at a serious disadvantage vis-à-vis their co-wives in their competition for producing children for the patrilineage. Infertile women in LoPON tend to remain with their husbands even if he takes another wife, seemingly because the infertile condition does not confer the same stigmatization and disadvantages as in Amakiri.

Divorce is frequent in both communities. However, in Amakiri it is the wife who is more likely to initiate it whereas in LoPON, it is the men. Amakiri infertile women leave

their husbands because they find their marginalized position in the household to be unacceptable and because they hope that with a switch of partners they may get pregnant.

There are a number of associations for women in Amakiri, none of which, however, welcome infertile women, given that these women have not been able to enter the stage of mature womanhood, the *erera*. Similarly, infertile Amakiri women do not feel accepted as equal members in the family meetings. In Lopon, associations in general accept infertile women and in addition there is a special association dedicated to them, the *kekonakona* society. Although the membership in this society is on the wane, its continued existence symbolizes the positive and helpful attitude in the town towards infertile women.

Probably due to the above factors, Amakiri women are more likely to migrate on their own out of the community, to search for new partners, business opportunities and remedies for their condition. In their desperate attempts to find a cure, they usually spend most of the funds they managed to earn and eventually return to Amakiri as elderly and poor. The result is a difficult old age, spent as a marginal person in a brother's compound and a substandard funerary rite. While old age is also difficult for childless women in Lopon, their situation is more bearable since they may also seek help from members of their matrilineages.

In the survey data, our differential expectations regarding the effect of the lineage systems on the meaning and treatment of infertility were borne out by women in the two communities responding to questions regarding whom they felt closest to in their families, whom they would turn to help, who would turn for help to them, who would take care of their burials and the identity of the parents of their foster children. In all these

cases, the answers in Lopon tended to be divided between the matrilineage and the patrilineage, whereas in Amakiri, members of the patrilineage figured more prominently.

The impact of infertility on the lives of the women was measured by questions regarding remarriage, divorce, polygyny, fostering and treatment-seeking behaviors. We found that marriages of infertile Amakiri women are more likely to end in separation than of any other category and that these women are more likely to have been married more than once. It is the infertile women who leave their husbands in Amakiri whereas in Lopon they are more likely to stay unless divorced by their husbands. Polygyny consequently is more frequent in Lopon but in each community husbands of infertile women are more likely to take a second wife than husbands of fertile women. Women in all categories (fertile and infertile) take in foster children, with Amakiri infertile women slightly more likely than any other category to foster in children. Finally, Amakiri infertile women (with both secondary and primary infertility) are more likely to seek remedies than Lopon women and this is true for all age groups. The most significant difference is between members of the oldest generation.

Overall, these findings confirm that infertility is a major life-altering problem in sub-Saharan Africa. However, community mechanisms and different family structure can go a long way towards mitigating its effects. While infertile women in Lopon also suffered the consequences of their condition, in them we did not observe the desperation exhibited by the Amakiri women. As a consequence, Amakiri women were found to be more agentive in attempting to remedy their situation, pursuing a number of strategies to cope with the problem. These include frequently switching partners, migrating, fostering children and seeking traditional and biomedical remedies. Some of them have been quite

successful in overcoming the difficulties associated with their infertility. Nevertheless, all these women claimed that whatever success they may have achieved or worldly goods accumulated, they would gladly give it up if they could have a child. The same could be said of the infertile women in Lopon who, in spite of the more welcoming community context in which they find themselves and the better support they receive from their kin, find that their lives without having a child are less meaningful. Fostering in children was found to be no substitute for having a child in either community, either in terms of emotional satisfaction or care-giving in later life, as much as they were considered useful in terms of providing labor in the short term.

In closing, the findings indicate that regardless of the variations in the meaning and treatment of infertility in a particular location, the necessity for a woman to have a child remains basic in sub-Saharan Africa. Motherhood continues to be a defining factor in an individual's treatment by others in the community, in her self-respect and in her understanding of what it means to be a woman. The achievement of motherhood represents a milestone for women as it confers on them an adult identity and represents normative fulfillment of what is considered to be female destiny.

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Table 1: Sample characteristics

	Lopon (fertile)		Lopon (infertile)		Amakiri (fertile)		Amakiri (infertile)	
	n	%	n	%	n	%	n	%
A: AGE DISTRIBUTION								
25-34	34	28	34	28	23	21	23	21
35-49	39	33	39	33	52	49	52	49
50 and older	47	39	47	39	32	30	32	30
B: CHILDREN EVER BORN								
None	2	2	58	48	0	0	27	26
One	7	6	30	25	3	3	26	25
Two to three	23	19	24	20	12	11	34	32
Four or more	88	73	8	7	92	86	18	17
C: EDUCATION								
None	28	23	30	25	27	26	17	18
1-6 years	29	24	25	21	27	26	31	32
7-12 years	38	32	28	23	28	27	25	26
More than 12 years	25	21	37	31	21	21	24	25
D: CURRENT OCCUPATION								
Trading	32	29	23	20	51	53	40	42
Farming	54	50	49	43	22	23	25	27
Teaching	13	12	16	14	5	5	8	9
Nursing	3	3	3	3	1	1	0	0
Office work	1	1	15	13	14	14	16	17
Other	6	5	9	7	4	4	4	4
E: NUMBER OF TIMES MARRIED								
Still in 1st marriage	100	83	58	49	69	67	41	40
1st marriage ended, hasn't remarried	7	6	20	17	14	14	16	16
Twice	11	9	27	23	17	17	42	41
3 or more	2	2	14	12	3	3	4	4
F: MARRIAGE TYPE								
Husband later took another wife	16	13	57	48	33	31	45	42
G: FOSTERING								
Has taken in foster children	58	49	66	55	63	60	69	66

Table 2

	Lopon (fertile)		Lopon (infertile)		Amakiri (fertile)		Amakiri (infertile)	
	n	%	n	%	n	%	n	%
A. WHOM DO YOU FEEL CLOSEST TO?								
MOTHER	14	14	32	29	21	20	23	22
FATHER	9	9	5	4	4	4	5	5
SISTER	7	7	24	21	11	11	16	16
BROTHER	5	5	18	16	10	10	21	20
SON	22	23	15	13	16	15	19	19
DAUGHTER	19	20	8	7	21	20	8	8
OTHER	21	22	10	9	21	20	10	10
B. WHOM WOULD YOU ASK FOR HELP?								
MOTHER	19	18	21	19	13	13	15	15
FATHER	11	10	10	9	9	9	9	9
SISTER	7	7	19	17	3	3	11	11
BROTHER	9	9	20	18	18	17	22	22
SON	15	15	11	10	14	13	9	9
DAUGHTER	8	8	1	1	10	10	4	4
OTHER	36	36	30	27	36	35	30	30
C. WHO WOULD ASK YOU FOR HELP?								
MOTHER	19	19	20	18	13	13	20	20
FATHER	1	1	5	5	0	0	2	2
SISTER	28	27	29	26	13	13	19	19
BROTHER	11	11	24	22	13	13	13	13
SON	11	11	9	8	16	16	18	18
DAUGHTER	22	22	12	11	22	22	12	12
OTHER	10	10	11	10	21	21	17	17
D. WHO WOULD TAKE CARE OF YOUR BURIAL?								
SONS	100	83	28	23	90	84	40	37
DAUGHTERS	66	55	12	10	62	58	19	18
FOSTER CHILDREN	0	0	0	0	0	0	2	2
BROTHER'S CHILDREN	7	6	23	19	0	0	5	5
SISTER'S CHILDREN	8	7	21	18	0	0	0	0
OTHER MATERNAL KIN	54	45	56	47	0	0	5	5
OTHER PATERNAL KIN	41	34	47	28	18	17	33	31
NON-RELATIVE	3	3	6	5	0	0	0	0

OTHER	6	5	8	7	7	7	5	5
E. WHOSE CHILDREN DID YOU FOSTER?	n	%	n	%	n	%	n	%
SISTER	28	48	33	50	22	35	23	33
BROTHER	16	28	13	2	21	33	22	32
PATERNAL KIN	4	7	4	6	7	11	7	10
MATERNAL KIN	9	16	9	14	5	8	8	12
HUSBAND'S KIN	20	34	13	20	16	25	17	25
HUSB. W/OTHER WOMAN	8	14	9	14	17	27	18	26
NON-RELATIVE	5	9	5	8	1	2	7	10
OTHER	1	2	1	2	2	3	4	6

Table 3

	Lopon (primary infertile)		Lopon (secondary infertile)		Amakiri (primary infertile)		Amakiri (secondary infertile)					
A. Has sought medical help for infertility (sorted by infertility status)	n	%	n	%	n	%	n	%				
No	40	56	35	70	12	24	33	47				
Yes, w/partner	12	17	4	8	5	10	13	19				
Yes (self only)	17	24	7	14	11	22	20	28				
Yes (partner only)	2	3	4	8	2	4	4	6				
B. Has sought medical help for infertility (sorted by age group)	Lopon 25-34		Lopon 35-49		Lopon 50+		Amakiri 25-34		Amakiri 35-49		Amakiri 50+	
	n	%	n	%	n	%	n	%	n	%	n	%
No	19	59%	18	46%	37	82%	10	45%	20	43%	15	48%
Yes, w/partner	6	19%	5	13%	5	11%	3	14%	9	19%	6	19%
Yes (self only)	7	22%	15	38%	2	4%	7	32%	16	34%	8	26%
Yes (partner only)	0	0%	1	3%	1	2%	2	9%	2	4%	2	6%